

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
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2015 JUN 29 AM 9:31

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

LARRIBA, CON. HILLIARY, PAC

STAND WITH HILLIARY, PAC

ADDRESS (number and street) 5021 VERDUGO WAY

Check if different than previously reported. (ACC)

SUITE 105-262

CAMARILLO CA 93043

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

000570069

3. IS THIS REPORT X NEW OR AMENDED (N) OR (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)

X Termination Report (TER)

(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	Convention (12C)	Special (12S)	
Election on	MM / DD / YYYY		in the State of

(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Election on	MM / DD / YYYY		in the State of

5. Covering Period 01'01'2015 through 06'19'2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christine M. Chavez

Signature of Treasurer *Christine M. Chavez* Date 06'18'2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ARRIBA CON HILLARY PAC / STAND WITH HILLARY PAC

Report Covering the Period:

From:

01 ' 01 ' 2015

To:

06 ' 19 ' 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		75.00
(b) Cash on Hand at Beginning of Reporting Period.....	75.00	
(c) Total Receipts (from Line 19).....	2,555.00	2,580.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2,630.00	2,655.00
7. Total Disbursements (from Line 31).....	2,630.00	2,655.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0	0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ARRIBA CON HILLARY PAC / STAND WITH HILLARY PAC

Report Covering the Period: From: ^{M M' D D' Y Y Y Y} 01 01 2015 To: ^{M M' D D' Y Y Y Y} 06 19 2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

, 800.⁰⁰ , 800.⁰⁰

(ii) Unitemized

, 1,755.⁰⁰ , 1,780.⁰⁰

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

, 2,555.⁰⁰ , 2,580.⁰⁰

(b) Political Party Committees

, 0.00 , 0.00

(c) Other Political Committees (such as PACs).....

, 0.00 , 0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

, 2,555.⁰⁰ , 2,580.⁰⁰

12. Transfers From Affiliated/Other Party Committees.....

, 0.00 , 0.00

13. All Loans Received.....

, 0.00 , 0.00

14. Loan Repayments Received.....

, 0.00 , 0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

, 0.00 , 0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

, 0.00 , 0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

, 0.00 , 0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

, 0.00 , 0.00

(b) Levin Funds (from Schedule H5).....

, 0.00 , 0.00

(c) Total Transfers (add 18(a) and 18(b))..

, 0.00 , 0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

, 2,555.⁰⁰ , 2,580.⁰⁰

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

, 2,555.⁰⁰ , 2,580.⁰⁰

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	2,630. ⁰⁰	2,655. ⁰⁰
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,630. ⁰⁰	2,655. ⁰⁰
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2,630. ⁰⁰	2,655. ⁰⁰
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,630. ⁰⁰	2,655. ⁰⁰

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2,555. ⁰⁰	2,580. ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2,630. ⁰⁰	2,580. ⁰⁰
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,630. ⁰⁰	2,580. ⁰⁰

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 1	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ARRIBA CON HILLARY PAC / STAND WITH HILLARY PAC

A. Full Name (Last, First, Middle Initial)
CHAVEZ, DANIEL F.

Mailing Address
717 K STREET SUITE 434

City **SACRAMENTO** State **CA** Zip Code **95814**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$ 700.

Date of Receipt
02-27-2015

Amount of Each Receipt this Period
\$ 600.⁰⁰

B. Full Name (Last, First, Middle Initial)
LAUTERBACH, GEORGE

Mailing Address
300 MONTGOMERY AVE

City **OXNARD** State **CA** Zip Code **93030**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LAUTERBACH & ASSOC** Occupation **ARCHITECT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$ 200

Date of Receipt
02-22-2015

Amount of Each Receipt this Period
\$ 200

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 2
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
ARRIBA CON HILLARY PAC / STAND WITH HILLARY PAC

Full Name (Last, First, Middle Initial) A. NUEVA VISTA MEDIA		Date of Disbursement 06-14-2015
Mailing Address 816 ESTON STREET		Amount of Each Disbursement this Period \$ 831.53
City CAMARILLO CA	State Zip Code CA 93010	
Purpose of Disbursement FUND RAISING EVENTS	21B	Amount of Each Disbursement this Period \$ 831.53
Candidate Name	Category/Type	
Of/Ace Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. EVITAS RESTAURANT		Date of Disbursement 3-10-2015
Mailing Address 3868 E. MAIN STREET		Amount of Each Disbursement this Period \$ 428.93
City VENTURA CA	State Zip Code CA 93003	
Purpose of Disbursement CATERING FOR FUND RAISER	21B	Amount of Each Disbursement this Period \$ 428.93
Candidate Name	Category/Type	
Of/Ace Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ONE MEDIA COMMUNICATIONS		Date of Disbursement 03-09-2015
Mailing Address 5021 VERDUGO WAY SUITE 105-261		Amount of Each Disbursement this Period \$ 200. ⁰⁰
City CAMARILLO CA	State Zip Code CA 93012	
Purpose of Disbursement MUSIC / VIDEO	21B	Amount of Each Disbursement this Period \$ 200. ⁰⁰
Candidate Name	Category/Type	
Of/Ace Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)

ARRIBA CON HILLARY PAC / STAND WITH HILLARY PAC

Full Name (Last, First, Middle Initial)

A. <u>ONE MEDIA COMMUNICATIONS</u>		Date of Disbursement
Mailing Address <u>5021 VERUGO WAY SUITE 105-261</u>		M M / D D / Y Y Y Y <u>02 / 20 / 15</u>
City <u>CAMARILLO</u>	State <u>CA</u>	Amount of Each Disbursement this Period
Zip Code <u>93012</u>		
Purpose of Disbursement <u>MUSIC / VIDEO</u>		, <u>200.⁰⁰</u>
Candidate Name		
Of/Ace Sought:	Disbursement For:	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. <u>ORTEGA, GEORGE</u>		Date of Disbursement
Mailing Address <u>340 EAST CHANNEL ISLANDS</u>		M M / D D / Y Y Y Y <u>03 / 02 / 2015</u>
City <u>OXNARD</u>	State <u>CA</u>	Amount of Each Disbursement this Period
Zip Code <u>93033</u>		
Purpose of Disbursement <u>AUDIO / VIDEO SOUND CREW</u>		, <u>650.⁰⁰</u>
Candidate Name		
Of/Ace Sought:	Disbursement For:	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

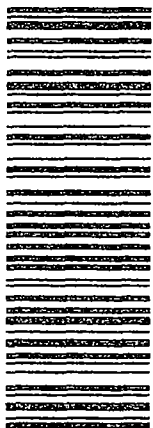
C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Amount of Each Disbursement this Period
Zip Code		
Purpose of Disbursement		, , ,
Candidate Name		
Of/Ace Sought:	Disbursement For:	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	
TOTAL This Period (last page this line number only)..... ▶	

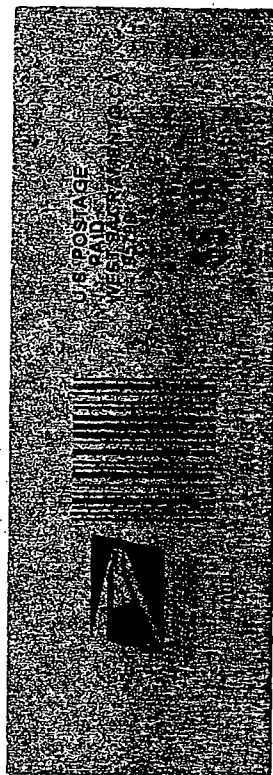
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Washington DC 20463

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

6/29/15
 DATE PREPARED

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